



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Gail Vasterling
Director



Jeremiah W. (Jay) Nixon
Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Agency: Missouri State Highway Patrol
Serial Number: MP2224
Manufacturer: Guth
Model Number: 12V500

CALIBRATION RESULTS


<u>Reference</u> <u>Temperature</u>	<u>Simulator</u> <u>Temperature</u>
34.00	33.98

This calibration was performed with
NIST-Traceable Thermometer SN: 307715

This simulator was tested by: JLC

This testing was performed: 07/29/15

This certification expires: 07/29/16

Signature of certifying DHSS Scientist: 

Name of certifying DHSS Scientist: Brian M. Lutmer



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BREATH ALCOHOL SIMULATOR TEST WORKSHEETTest Simulator Information

Agency

Missouri State Highway Patrol

Email for COC

Jimmy.Cleveland@MSHP.DPS.MO.GOV

Serial Number:

MP 2224

Manufacturer:

GUTH

Model Number:

12V500

NIST-Traceable Reference Thermometer Information

Serial Number:

307715

Date of Certification:

08/19/14

Date of Expiration:

08/19/15

Test Simulator Measurements

Readings	Reference Thermometer	Test Simulator
1	34.00	33.98
2	34.00	33.98
3	34.00	33.98
4	34.00	33.98
5	34.00	33.98

COPY OF LABEL PLACED
 ON SIMULATOR

307715
 7-29-15
 MP 2224
 EXPIRATION DATE: 08-19-15
 NAME OF CALIBRATOR: JIMMY L. CLEVELAND
 NIST TRACABLE SERIAL NO.: 307715
 APPROVE SIGNATURE: JLC
 APPROVE SIGNATURE: JLC

Bias (δ_T):

-0.02

Technician performing testing:

Jimmy L. Cleveland

I hereby certify that all data submitted within this form was collected in accordance with the DHSS Procedure for the Testing of Breath Alcohol Simulators and 19 CSR 25-30.051, Breath Analyzer Calibration and Accuracy Verification Standards.

Signature:

Date: 7-29-15

Submit completed forms for simulator certification to DHSS Breath Alcohol Program by fax at (573) 840-9139 or by email at brian.hamm@health.mo.gov or breathalcohol@health.mo.gov.

www.health.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.